

Trauma PI Tracking Form

Demographics	Source of Information	Location of Issue
Date of report:	<input type="checkbox"/> Trauma program coordinator	<input type="checkbox"/> EMS
Medical record #:	<input type="checkbox"/> Nurse manager	<input type="checkbox"/> ED
	<input type="checkbox"/> Staff nurse	<input type="checkbox"/> OR
	<input type="checkbox"/> Physician	<input type="checkbox"/> ICU/PACU
	<input type="checkbox"/> Patient relations	<input type="checkbox"/> Floor
	<input type="checkbox"/> Rounds	<input type="checkbox"/> Radiology
	<input type="checkbox"/> Multi-disciplinary conference	<input type="checkbox"/> Lab
	<input type="checkbox"/> Registry	<input type="checkbox"/> Rehab
	<input type="checkbox"/> QA/QI chart audit	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Complication, problem or complaint:		
Date of review:		
Reviewed by:		
Determination: <input type="checkbox"/> system-related <input type="checkbox"/> disease-related <input type="checkbox"/> provider-related <input type="checkbox"/> unable to determine	Preventability: <input type="checkbox"/> non-preventable <input type="checkbox"/> potentially preventable <input type="checkbox"/> preventable <input type="checkbox"/> unable to determine	
Corrective action: <input type="checkbox"/> not necessary <input type="checkbox"/> trend/track similar occurrences <input type="checkbox"/> education <input type="checkbox"/> guideline/protocol <input type="checkbox"/> counseling <input type="checkbox"/> peer review <input type="checkbox"/> resource enhancement <input type="checkbox"/> privilege/credentialing review <input type="checkbox"/>		
Action Plan:		
Signature:		Date: